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PTO/SB/22 (12-04)

Approved for use through 7/31/2008. OMB 0651-0031

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)  20003-7003
Application Number  10/628,749-Conf. #4857		Filed  July 28, 2003
For Apparatus and method for pad printing		
Art Unit 2854		Examiner D. J. Colilla
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120      Small Entity Fee \$60      \$ 60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$450      Small Entity Fee \$225      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1020      Small Entity Fee \$510      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1590      Small Entity Fee \$795      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2160      Small Entity Fee \$1080      \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ 33,466  Signature _____ May 26, 2005 Michael E. Woods _____ Date _____ Typed or printed name _____ (415) 388-0830 _____ Telephone Number _____		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of 1 forms are submitted.		

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AMENDMENT TRANSMITTAL LETTER				Docket No. 20003-7003	
Application No. 10/628,749-Conf. #4857	Filing Date July 28, 2003	Examiner D. J. Colilla		Art Unit 2854	
Applicant(s): Philip G. Wessells					
Invention: Apparatus and method for pad printing					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	42	- 42 =		x	
Independent Claims	16	- 16 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					60.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Credit any overpayment.					
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
			Dated: May 26, 2005		
Michael E. Woods Attorney Reg. No.: 33,466					
PATENT LAW OFFICES OF MICHAEL E. WOODS 112 Barn Road Tiburon, California 94920-2602 (415) 388-0830					

PTO/SB/97 (09-04)

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Application No. (if known): 10/628,749

Attorney Docket No.: 20003-7003

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on May 26, 2005  
Date



Signature

Michael E. Woods

Typed or printed name of person signing Certificate

33,466  
Registration Number, if applicable(415) 388-0830  
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment in Response to Non-Final Office Action (14 pages)

Amendment Transmittal (1 page)

Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$60.00 to credit card